

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000060919				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="position: absolute; bottom: 0; left: 0; font-size: 0.8em;">2007 NOV -6 PM 1:29</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 0.7em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name EDWIN CARROLL DRYWALL, LLC					
Principal Place of Business 910 SW SISTERS WELCOME RD., SUITE 101 LAKE CITY, FL 32025			Mailing Address 910 SW SISTERS WELCOME RD., SUITE 101 LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box # 10545 24th St. Suite, Apt. #, etc.		3. Mailing Address 10545 24th St. Suite, Apt. #, etc. Live Oak, Fla 32060			
City & State Live Oak, FL		City & State Live Oak, Fla 32060		11022007 REIN-LLC CR2E101 (1/07)	
Zip 32060		Country Sumner		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CARROLL, EDWIN 910 SW SISTERS WELCOME RD., SUITE 101 LAKE CITY, FL 32025 NEW ADDRESS			
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARROLL, EDWIN <input type="checkbox"/> Delete 910 SW SISTERS WELCOME RD., SUITE 101 LAKE CITY, FL 32025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Edwin Carroll <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10545 24th St Live Oak, FL 32060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500111991435 11/05/07--01017--012 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			11-02-07 (384) 205-4049		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		